

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name THE BONDURANT CAMPAIGN  
Full Address P.O. Box 1045 Grenada, MS 38901  
Telephone 662-226-3245 (Fax) 662-226-7529  
E-mail SWBOND@YAHOO.COM  
Office Sought HOUSE DISTRICT 24 Political Party REPUBLICAN



☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$	1950 -	\$ 1950 -
Total amount of disbursements	\$	805 <sup>60</sup> / <sub>xx</sub>	\$ 805 <sup>60</sup> / <sub>xx</sub>
Total amount of cash on hand	\$	32,458.66	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Didmy V. Bondurant  
Signature of Candidate

1-1-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee The Bondurant Campaign  
 Reporting period Jan 1, 2009 through Dec 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>Coffeeville Courier</u>	Date (Mo., Day, Year) <u>1 / 1 / 2009</u>	Amount of each disbursement this period \$ <u>35-</u>
Mailing Address <u>P.O. Box 607</u>		
City, State, Zip Code <u>Coffeeville MS 38922</u>	<u>2 / 28 / 09</u>	\$ <u>18-</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Coffeeville Courier</u>	Date (Mo., Day, Year) <u>6 / 1 / 09</u>	Amount of each disbursement this period \$ <u>9.00</u>
Mailing Address <u>PO Box 607</u>		
City, State, Zip Code <u>Coffeeville MS 38922</u>	<u>11 / 2 / 09</u>	\$ <u>36.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>Coffeeville Courier</u>	Date (Mo., Day, Year) <u>5 / 4 / 2009</u>	Amount of each disbursement this period \$ <u>45-</u>
Mailing Address <u>PO Box 607</u>		
City, State, Zip Code <u>Coffeeville MS 38922</u>	<u>1 / 1 /</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>143-</u>
D. Full name <u>Legislative American Exchange Council</u>	Date (Mo., Day, Year) <u>2 / 2 / 09</u>	Amount of each disbursement this period \$ <u>100-</u>
Mailing Address <u>(ALEC) # 1101 VERMONT AV, NW</u>		
City, State, Zip Code <u>WASHINGTON DC 20005</u>	<u>1 / 1 /</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100-</u>
E. Full name <u>MISSISSIPPI REPUBLICAN ELECTED</u>	Date (Mo., Day, Year) <u>3 / 9 / 09</u>	Amount of each disbursement this period \$ <u>25-</u>
Mailing Address <u>OFFICIALS ASSE</u>		
City, State, Zip Code <u># 541 Highway 8 West</u>	<u>1 / 1 /</u>	\$
Purpose of Disbursement (Optional) <u>California MS 38916</u>	Aggregate Year-to-date	\$ <u>25-</u>
F. Full name <u>Healing of Deliverance Temple</u>	Date (Mo., Day, Year) <u>4 / 16 / 09</u>	Amount of each disbursement this period \$ <u>20-</u>
Mailing Address <u>Perry Road</u>		
City, State, Zip Code <u>Grenada MS 38901</u>	<u>1 / 1 /</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>20-</u>



Name of Candidate or Committee The bondurant campaign  
 Reporting period Jan 1, 2009 through Dec 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>O'REILLY AUTO PARTS</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1195 Sunset Drive</u>		<u>7/27/09</u>	\$ <u>140-</u>
City, State, Zip Code <u>Grenada MS 38901</u>		<u>7/27/09</u>	\$
Purpose of Disbursement (Optional) <u>FOR GRENADA HIGH SCHOOL BUS</u>		Aggregate Year-to-date	\$ <u>140-</u>
B. Full name <u>BETHEL CHURCH</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Highway 51 N</u>		<u>7/31/09</u>	\$ <u>100-</u>
City, State, Zip Code <u>Grenada MS 38901</u>		<u>7/31/09</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>100-</u>
C. Full name <u>BIG RED BOOSTER CLUB Coffeeville</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>High School P.O. Box 567</u>		<u>7/28/09</u>	\$ <u>100-</u>
City, State, Zip Code <u>Coffeeville, MS 38922</u>		<u>7/28/09</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>100-</u>
D. Full name <u>FRIENDS OF NATIONAL RIFLE ASSC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>975-120</u>		<u>8/18/09</u>	\$ <u>50-</u>
City, State, Zip Code <u>Frontage Rd, JK 93204</u>		<u>8/18/09</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>50-</u>
E. Full name <u>Southern Christian Services</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>for Children &amp; Youth, Inc.</u>		<u>12/11/09</u>	\$ <u>50-</u>
City, State, Zip Code <u>#860 East River place Jackson MS 39202</u>		<u>12/11/09</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>50-</u>
F. Full name <u>MISS. MISSISSIPPI CORPORATION</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>c/o Corina Watson</u>		<u>12/4/09</u>	\$ <u>60-</u>
City, State, Zip Code <u>14288 Hwy 8 West Grenada MS 38901</u>		<u>12/4/09</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>60-</u>

Name of Candidate or Committee The Bondurant Campaign  
 Reporting period Jan 1, 2009 through Dec 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>Canada Post office</u>	Date (Mo., Day, Year) <u>12/11/2009</u>	Amount of each disbursement this period \$ <u>17.60</u>
Mailing Address <u>Brennan Mrs. 38901-2841</u>		
City, State, Zip Code ____/____/____		\$
Purpose of Disbursement (Optional) <u>STAMPS x</u>	Aggregate Year-to-date	\$ <u>17.60</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$



Page 1 of 2  
 Name of Candidate or Committee The Bon Durant Campaign  
 Reporting period Jan 1, 2009 through Dec 31, 2009  
**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WALGREENS</u>		<u>8/11/09</u>	\$ <u>250-</u>
Mailing Address <u>1605 Grand Oaks Boulevard</u>		___/___/___	\$ <u>/</u>
City, State, Zip Code <u>OSFORD, MS 38655</u>		___/___/___	\$ <u>/</u>
Name of Employer (Required)		___/___/___	\$ <u>/</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250-</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>QC Holdings, Inc</u>		<u>5/05/09</u>	\$ <u>250-</u>
Mailing Address <u>9401 Indian Creek Pkwy</u>		___/___/___	\$ <u>/</u>
City, State, Zip Code <u>Overland Park, KS 66210</u>		___/___/___	\$ <u>/</u>
Name of Employer (Required)		___/___/___	\$ <u>/</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250-</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Astra Zeneca Pharmaceuticals LP</u>		<u>NOV 27 2009</u>	\$ <u>400-</u>
Mailing Address <u>7516 Permette St</u>		___/___/___	\$ <u>/</u>
City, State, Zip Code <u>New Orleans, LA 70118</u>		___/___/___	\$ <u>/</u>
Name of Employer (Required)		___/___/___	\$ <u>/</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>400-</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T PAC</u>		<u>27/NOV/2009</u>	\$ <u>250-</u>
Mailing Address <u>175 EAST CAPITOL ST</u>		___/___/___	\$ <u>/</u>
City, State, Zip Code <u>Sacramento MS 39201-2135</u>		___/___/___	\$ <u>/</u>
Name of Employer (Required)		___/___/___	\$ <u>/</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250-</u>

Name of Candidate or Committee THE BONDURANT CAMPAIGNReporting period Jan 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ABBOT LAB PAC</u>		<u>11/3/09</u>	\$ <u>250-</u>
Mailing Address <u>100 ABBOT PARK ROAD</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
City, State, Zip Code <u>ABBOT PARK, IL 60064-6028</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250-</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific LLC</u>		<u>12/10/09</u>	\$ <u>250-</u>
Mailing Address <u>P.O. Box 61270</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250-</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI ASSOCIATION FOR HOME CARE</u>		<u>12/15/09</u>	\$ <u>300-</u>
Mailing Address <u>134 Fairmont St. Ste B</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
City, State, Zip Code <u>Clinton, MS 39056</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>300-</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>   </u>